

REISSUE PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.

BUR02 P-124

First Named Inventor

John P. Kane

Original Patent Number

6,502,618

Original Patent Issue Date
(Month/Day/Year)

January 7, 2003

Express Mail Label No.

EV327021869US

17913 U.S. PTO
10/691431

102203

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. ☐ Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 CFR 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all
changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original Patent Grant
 - ☐ Ribbioned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Check for \$ 816.00

18. CORRESPONDENCE ADDRESS



Customer Number:

28 101

OR



Correspondence address below

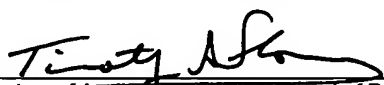
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Address					
City	State	Zip Code			
Country	Telephone	Fax			

Name (Print/Type)	Timothy A. Flory	Registration No. (Attorney/Agent)	42 540
Signature		Date	October 22, 2003

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) BUR02 P-124		
Claims as Filed – Part 1								
	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee			
Total Claims (37 CFR 1.16(j))	(A) 30	(B) 30	**** 0 =	x \$ 9 =	-0-	or	x \$ ____ =	
Independent claims (37 CFR 1.16(i))	(C) 4	(D) 4	* 0 =	x \$ 43 =	-0-		x \$ ____ =	
				Basic Fee (37 CFR 1.16(h))			\$ 385.00	
				Total Filing Fee			\$ 385.00	
						OR	\$ ____	
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		
Total Claims (37 CFR 1.16(j))	*** 54	MINUS	** 30	* = 24	x \$ 9 =	216.00	x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	*** 9	MINUS	***** 4	= 5	x \$ 43 =	215.00	x \$ ____ =	
				Total Additional Fee		\$ 431.00	OR	\$ ____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account Number _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number <u>220190</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>816.00</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>October 22, 2003 _____ Date</p> <p>42 540 _____ Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: right;"> <p> _____ Signature of Applicant, Attorney or Agent of Record</p> <p>Timothy A. Flory _____ Typed or printed name</p> </div> </div>								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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PATENT
BUR02 P-124
Express Mail No. EV327021869US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors : John P. Kane and Karl D. Sachs
Original Application Serial No. : 09/621,883
Original Application Filing Date : July 21, 2000
Original Patent No. : 6,502,618
Original Issue Date : January 7, 2003
For : **DUAL RING TIRE INFLATOR WITH
SPLITTABLE SUPPORT PLATE**
Attorney Docket No. : BUR02 P-124

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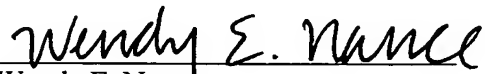
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CERTIFICATE OF EXPRESS MAILING

I hereby certify that the attached return postal card; Check (1) in the amount of \$816.00 (Reissue Fee); Reissue Patent Application Transmittal cover sheet (1 page); Reissue Application Fee Transmittal Form (1 page, in duplicate); A copy of the Original Patent including Specification and Claims (6 Pages) and Drawings (8 pages); Preliminary Amendment (10 pages); Statement of Status and Support (10 Pages); Inventor Declaration (2 Pages, Unsigned); Consent of Assignee (1 page); Statement Under 37 CFR 3.73(b) (1 page); Copy of Assignment from Inventors to AIM Automotive Integrated Manufacturing, Inc. (5 pages); and Copy of Assignment from AIM Automotive Integrated Manufacturing, Inc. to Burke E. Porter Machinery Company (6 pages) are being deposited with the United States Postal Service as Express Mail in an envelope having Express Mail Label Number EV327021869US addressed to:

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on October 22, 2003.


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